IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

1) MICHELLE ERNST as Personal Representative of the Estate of DAVID MICHAEL ERNST, deceased,

Plaintiff,

vs No. 14-CV-504-GKF-PJC

1) CREEK COUNTY PUBLIC FACILITIES AUTHORITY,
2) ADVANCED CORRECTIONAL HEALTHCARE, INC.,

Defendants.

DEPOSITION OF AMANDA SPRIGGS
Taken on Behalf of the Plaintiff
On July 31, 2015, beginning at 10:15 A.M.
In Broken Arrow, Oklahoma

APPEARANCES

Appearing on behalf of the PLAINTIFF:
Micky Walsh
BEELER, WALSH & WALSH
4508 North Classen
Oklahoma City, Oklahoma 73118
405-810-9339
mwalsh@beelerwalshwalsh.com
and
Carla Stinnett
DENNEY & STINNETT, PLLC
301 East Dewey Avenue
Sapulpa, Oklahoma 74066
918-227-1177
carla@gregdenneylaw.com

Appearances Continued on Next Page

REPORTED BY: MARY K. BECKHAM, CSR, RPR

EXHIBIT 34

WHEREUPON,

AMANDA SPRIGGS,

after having been first duly sworn, deposes and says in reply to the questions propounded as follows, to-wit:

DIRECT EXAMINATION

BY MR. WALSH:

Q Would you state your full name, please?

A Amanda Spriggs.

Q Ms. Spriggs, how are you employed?

A I am self-employed.

Q How?

A I am a therapist. I have a private practice and I do contract work for a private practice as well.

Q Where is your private practice located?

A In Broken Arrow.

Q What name do you go under for the private practice?

A Moments of Clarity.

Q Excuse me?

A Moments of Clarity.

Q How many other individuals work at Moments of Clarity?

A I'm the only one that does therapy.

pretty in depth, I would say at least an hour.

Q Did she send you any written materials?

A She did not.

Q Did ACH send you any written materials?

A Yes.

Q What did you receive from ACH?

A The first e-mail I received a -- the paperwork that I was going to be using whenever I was there. I can't recall who sent it to me. I think it was somewhere in HR, and she also called me and did a training over the phone, went over all that paperwork, kind of talked about what my duties were, what my responsibilities would be.

Q What did she explain that your duties and responsibilities would be?

A That I would go into the jail and some inmates may request an assessment, so I would be doing assessments on the inmates, I would be referring to suicide watch if appropriate. I would be seeing people that were on suicide watch to determine if they needed to remain or be taken off of suicide watch. That was the basics.

Q Was it your understanding from this information that you received, the written material, that in order to take a patient off of a suicide

watch someone from mental health or the physician had to order that?

A Yes.

Q Did you also receive a copy of the policies and procedures for the Creek County facility?

A I don't -- for the Creek County Jail specifically, I don't -- I don't recall that.

Q Have you ever seen any policies and procedures from the Creek County facility?

A No.

Q Okay.

A There is a medical -- there is a book in medical about procedures for medical.

Q Protocols?

A Yes.

Q Any protocols for mental health?

A Not that I recall, no.

Q What other -- you told me in the first e-mail that you got this information, what other information have you received in a written form from ACH that helps you in your day-to-day job activities there at the correctional facility?

A That was -- I believe that was it.

Q During this interview that lasted

Q Which assessment can you do as an LPC?

A Like a Beck Depression and Anxiety, some of the very basic.

Q What assessments can you not do as an LPC?

A An MMPI, more of the -- the more in-depth defining personality disorders, those things.

Q As a licensed professional counselor, can you prescribe medication?

A No.

Q If you think that you need psychotropic medication to help treat a patient, how do you obtain that?

A I refer that patient to a psychiatrist. Or their PCP.

Q Tell me what types of things as a licensed alcohol and drug counselor you can do?

A It's essentially the same thing as the licensed professional counselor. The licensed professional counselor is -- specializes in mental health and the licensed alcohol and drug counselor specials in substance abuse issues, so the same duties with a different focus.

Q When you talked to Ms. Caldwell, did she discuss with you some of the unusual facets of providing care for inmates in a correctional

facility from a mental health standpoint?

A She did talk about the difference in what I was used to doing and what would be in the correctional environment.

Q What did she tell you?

A I'm trying to think back on the conversation. She talked about the difference in the environment and them being in jail and some of the differences that they experience that are different than the average person on the outside; triggers for them, challenges at different phases of their stay and what to watch out for as far as that goes.

Q Tell me what those triggers are and what you were told to watch out for.

A She was talking about as far as people tend to have a hard time when they come -- when they are first booked into the jail, especially if it's their first time in jail, and as they transition through, you know, their first court date comes up and that's challenging. If they expect to get out and they don't, that could be a hard time. Getting news from family, things like that.

Q What type of news from family?

A If there's been changes in relationships,

if other people are going through a hard time, you know, if they are responsible for a family on the outside and that family is hurt financially or going through stressors or if there was a death in the family, things that they would have to deal with differently being incarcerated than they would on the outside.

Q Did she talk to you about there being a higher percentage within the prison population of people with mental illness than in the general population?

A Yes.

Q And did she share with you any statistics on what that difference was?

A Not that I recall specifically.

Q Have you read any literature that has discussed with you the percentage of people within the correctional facility that had mental illness in relationship to just out in the private world?

A Not that I recall.

Q If I said that there are articles out there that are three to nine times higher rates of mental illness with inmates than in the general population, would you dispute that?

A No.

Q Did she discuss with you suicide in correctional facilities?

A Yes.

Q What did you two talk about in relationship to suicides?

A She talked to me about, again, my responsibilities in placing people on suicide watch, taking them off, what to look for in placements, what to look for in removals, that at different points in their stay, like I talked about earlier, that those can be higher risk factors.

Q What are the factors that go into when you would place someone on suicide watch?

A If they say that they're suicidal, if they are presenting as highly emotional, whether that be very sad and crying or very heightened and angry, if they have a difference in their typical behavior, either the IC or other staff reports to me, such as giving items away or, you know, sleeping a lot, that could also be a sign of depression, not suicidiality, but those are the main things, the main criteria.

Q Okay. And what's the criteria to remove someone from suicide watch?

A I would ask them if they were still

suicidal, so if they said yes, then I didn't move on and left them on. If they said no, I would ask them what's changed, what's different since their placement and look for, you know, what they said. I would ask them, you know, if you go back to general population or segregation or wherever they were housed and you start having these feelings again, what could you do? I would ask them what support systems they had, as far as people both in the jail and outside the jail. I would ask them what coping skills that they had learned in managing things or what they could utilize in the future. So I would look for what I felt like were positive answers from them in all of those things so that I knew that they currently weren't suicidal and they had a plan, you know, to manage things differently.

Q Okay. In the forms that you received from ACH, did you see a contract that you would have inmates sign where they would promise that they would not harm themselves?

A Uh-huh.

Q Is that yes?

A Yes.

Q Did you utilize that document?

A Yes.

Q Did you use it in all instances where you took someone off of suicide watch?

A I didn't use that form in the beginning whenever I was there. I can't remember specifically when I started using it, but I would use it on anyone that was on suicide watch that I was taking off of suicide watch.

Q In looking through the records, it appears that Mr. Ernst was on suicide watch back in August of 2013. Do you recall that?

A Yes.

Q Did you see that contract not to harm yourself in Mr. Ernst's file?

A No.

Q So by August of 2014 you were not utilizing that form?

A Right. I wasn't using it at that point. It was later on that I started using it.

Q Do you recall when you first would have got that form?

A I don't.

Q Do you think that is a good determination to use in determining whether someone is suicidal, the fact they sign that contract?

A I don't see it as the only thing to look

Q Do you know whether Buspirone is something that should be prescribed long term or short term?

A I don't know that.

Q Would it be a fair statement that for any medication, any psychotropic medication, you would have been relying upon the doctor at the facility to determine the dosage that was going to be required?

A Yes.

Q When you are going to see an inmate, do you review his medical file before you see him?

A Typically, yes.

Q What type of information is in the medical file? I'm just talking generically right now.

A The intake forms, any notes that if the medical staff or physician had seen them previously, any notes that they made about them, any information we received from outside sources, their outside PCP, et cetera.

Q Okay. And you said the intake forms. Is that both the booking form as well as that 14-day form that is to be filled out by medical?

A The medical intake form?

Q Yes.

A Is that what you're-- yes, correct.

Q And when I say 14 day, are you aware that

A No.

Q Did you ever know that he had been diagnosed with depression?

A I was aware of that. I don't recall at what time -- at what point in time that was. At the time that I saw him at this point on 8/26, I did not have that information.

Q It says that when he began giving his tray away officers became concerned and placed him on suicide watch. Was that information that he gave to you?

A Yes.

Q Because you never talked to any of the officers that had observed any of these actions; did you?

A It is -- again, I don't recall this specifically that day. It is typical for me to go and talk to officers and try to find out information. I don't recall getting specific information from them. There were two different shifts, so a lot of times an inmate would be placed on suicide watch with one shift and whenever I went in the other shift would be there and they may or may not have that information. So I'm certain that I asked. I don't remember specifically being given

any additional information.

Q An officer who places an inmate on suicide watch, there's a form that they have to fill out that gives the reasons why they've done this; isn't there?

A Yes. It's more of a general note that they do.

Q Did you have access to that note at the time you saw Mr. Ernst?

A No.

Q Have you ever seen that note?

A No.

Q In that current evaluation it goes on to say he denies suicidiality, so you've asked him are you in danger of harming yourself at this time or any others?

A Correct.

Q What else did you talk to him about concerning this suicide to make the assessment that he denies suicidiality?

A I would have asked him reasons that he has to live, things that he's looking forward to in the future, maybe plans that he has, reasons that he has to live.

Q What did he tell you about those?

A I don't remember specifically what he said, but I do -- I know that he would have given me answers to those things or I would have -- that would have been an indication to keep him on suicide watch.

Q So even if he denies that he has any suicidal ideations, if he can't answer the questions about what do you have to live for, what are your plans, you're not going to take him off the watch?

A If I see that and see that he's -- he would have been sad or given some other indication as well, yes, I would have taken all of those things into consideration.

Q Well, at the time you saw him, was he sad?

A No.

Q I don't see any place for you to assess, other than this writing, there's nothing for you to discuss the affect of this person.

A Uh-huh.

Q Do you not record that information?

A Not if it's -- if it's remarkable in some way, I would have, but since I didn't, then that indicates that everything was normal or average.

Q And he denied any previous suicide attempts?

A Right.

Q Is that something you would always ask someone?

A Yes.

Q What is the significance of any prior suicide attempts?

A Prior suicide attempts make them more at risk for future suicide attempts.

Q I mean, some people -- I've heard them say people that talk about suicide never do it. Have you ever heard people say that?

A Uh-huh.

Q That's not a true statement; is it?

A It's different for everyone. Some people that commit suicide talk -- people come and say, you know, they talked to me a lot about that, other people don't talk about it at all. So it's very different depending on the individual.

Q Have you been able to identify a personality type that you're more concerned about if they're silent as opposed to someone who is boisterous?

A I don't look at either one as being more at risk than the other.

Q Both at risk?

A Could be, depending on a lot of other factors combining with it.

Q And that he denied mental health medication management; is that correct?

A Yes.

Q You're aware that medical did their assessment on him on the same day that you saw Mr. Ernst?

A Uh-huh. Yes.

Q And you're aware that he did list medications that would be considered psychotropic medications; didn't he?

A Right.

Q Are you certain that you asked him about medication management for mental illness?

A Yes.

Q The fact that he did not tell you the truth about that, what does that indicate to you?

A I don't -- I don't know. I don't know why he would have done that. I can't speculate on that.

Q I'm not asking you to speculate on his reasons but what does it indicate to you as a mental health professional when you ask a question that is very direct about have you been on medication management for mental health issues and the person

would say no, that they deny this, what is that telling you as the professional?

A I don't know, I can't say. All I -- all I can do is ask them the questions and I have to go off of what they tell me.

Q But if you find from a mental health standpoint that someone is not being honest with you, is that important in your assessment of that individual?

A It could be, depending on what they're not being honest about.

Q Well, here he's not being honest about the fact that he had been on medication and was on medication at the time he was arrested. What would be significant from a mental health standpoint about that statement?

A I don't know. I can't answer that question.

Q Okay. Under reason for -- you go down to decision, and it's release from observation. Is that suicide watch?

A Yes.

Q And you give a date and a time for his release?

A Yes.

Q The 9:50 time, does that indicate that that would have been the time that you would have seen Mr. Ernst?

A That would have indicated the time that our conversation ended.

Q So you thought that he was fit at that point to be released?

A Correct.

Q In fact is he then taken back to his cell when he leaves your office?

A They would typically take them back to the suicide watch cell that they were in, they would gather their clothes and find a placement for them, a cell to go to, and then take them to general population or wherever they were going. So the time that that took really depended on what was going on for the officers at that time.

Q To the right of that is three boxes you can check off for mental health placements level of observation. When do you use this portion of the form?

A If I am placing someone on suicide watch.

Q And then you're required to give your reason for the decision; correct?

A Yes.

psychiatrist for nightmares which would be mental issues; correct?

A He's asking for a psychiatrist and counseling, yes.

Q Uh-huh. Yet there is nothing that is done for Mr. Ernst during that time; is there?

A No.

MR. McMILLIN: Object to the form.

Q Let's look at the May 19th of 2014. This is the second and last time that you see Mr. Ernst; isn't it?

A Yes.

Q And the reason for the contact is because the inmate's family has contacted the facility stating the inmate needed mental health treatment.

A Yes.

Q And because you were told the family is now saying he needs it, you decided to see Mr. Ernst?

A Based on the information I was given, I decided to see him.

Q Well, what other information were you given other than the family was saying that he needed mental health treatment?

A That's all I was given.

Q If you had --

A So I then responded to...

Q If you had looked in the chart and seen these other requests, would you have initiated a time to see Mr. Ernst?

A I don't -- I'm not sure.

Q Okay. The history that you obtained, was this all information that you had gotten from Mr. Ernst?

A It's not all of the information, it's just a summary of our conversation.

Q He requests individual therapy and medication for sleep, neither of which is provided at CCJ. Did he want medication for sleep or did he want medication to help him with the mental issues that he was having?

A He reported to me that he wanted the medication for sleep.

Q Oftentimes the psychotropic medications, that's a side benefit, it helps people sleep; correct?

A I'm not sure.

Q Okay. What was -- there's a list of checks that you can make and when we come down to mood, what do you record as his mood?